

# REQUEST FORM FOR PRODUCERS AND CONSULTANTS

(Please print or type)

NAME

Nebraska License Number

**Note:** To assure that the information requested is applied to the correct license record, it is essential that you provide your Nebraska License Number

## OPTIONS

- |                                |                        |
|--------------------------------|------------------------|
| 1. Change of Address           | 5. Letter of Clearance |
| 2. Change of Name              | 6. Duplicate License   |
| 3. Correct Social Security     | 7. Certification       |
| 4. Change of License Authority |                        |

## Check Appropriate Box Below

☐ DO NOT ISSUE NEW LICENSE

☐ ISSUE NEW LICENSE

1. ☐ **CHANGE OF ADDRESS**

### FROM

BUSINESS - NAME OF FIRM

STREET

SUITE OR BOX

CITY

STATE

ZIP CODE

### TO

BUSINESS - NAME OF FIRM

STREET

SUITE OR BOX

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

E-MAIL ADDRESS

### FROM

HOME

STREET

SUITE OR BOX

CITY

STATE

ZIP CODE

### TO

HOME

STREET

SUITE OR BOX

CITY

STATE

ZIP CODE

2. ☐ **CHANGE OF NAME or DATE OF BIRTH**

FROM

TO

3. ☐ **CHANGE SOCIAL SECURITY NUMBER**

FROM

TO

**Note:** When requesting to change a name, date of birth, or social security number, please provide documentation confirming the change.

4. ☐ **CHANGE OF LICENSE AUTHORITY**

☐ ADD LINE(S) ☐ DELETE LINE(S) The following Line(s) of insurance To/From my existing license:

\_\_\_\_\_  
\_\_\_\_\_

**Note:** When requesting a license in Line (3) Variable Contracts proof of passage of the NASD or SEC examination must be attached to this form.

5. ☐ **LETTER OF CLEARANCE**

I have moved from Nebraska to the State \_\_\_\_\_. Please cancel my existing Nebraska resident license of

\_\_\_\_\_

6. ☐ **DUPLICATE LICENSE**

I hereby certify that my license has been lost, stolen, or destroyed. Following is my statement concerning the facts of such loss.

\_\_\_\_\_

☐ PRODUCER ☐ CONSULTANT ☐ SURPLUS LINES

7. ☐ **CERTIFICATION**

I am applying for a nonresident license in the State(s) of \_\_\_\_\_.  
Please issue a certification of my Nebraska license status.

**INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE WHEN ORDERING A CERTIFICATION.**

Mail Certification(s) to: \_\_\_\_\_  
\_\_\_\_\_

**Important: This form must be signed by the licensee and when requesting Options 2, 3, or 5 the form must be Notarized.**

Subscribed to in my presence and duly sworn this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_  
LICENSEE SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

State \_\_\_\_\_

County of \_\_\_\_\_

**Mail completed form and applicable fees to:**  
**Nebraska Department of Insurance**  
**Producers Licensing Division**  
**P.O. Box 82089**  
**Lincoln, NE 68501-2089**  
**(402) 471-4913**